<u>California Department of Managed Health Care/National Committee For Quality Assurance (NCQA) Clinical</u> <u>Quality Improvement Leadership "Right Care" Initiative</u>

Sponsor: California DMHC Director Cindy Ehnes

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<u>Goal</u>: To measurably improve clinical outcomes through enhancing the practice of evidence-based medicine in a collaborative, expert-based, public-private multi-year effort working with the leadership of California Health Plans, Medical Groups, The National Committee of Quality Assurance (NCQA), academia, clinical quality experts, associated businesses and the Department of Managed Health Care.

Focusing on three specific areas where California's clinical quality can clearly be improved, our goal is to reduce morbidity and mortality among commercial managed health plan enrollees through the application of scientific evidence and continuous quality improvement (CQI) engineering methodology.

Three trouble spots in need of particular attention, where focus may be directed for significant impact in lives saved and improved, are evident in data from the Agency for Health Care Quality and Research, NCQA, the Commonwealth Foundation and the Centers for Disease Control:

- 1. Diabetes
- 2. Heart disease
- 3. Hospital acquired infections.

These areas of medicine are increasingly well understood scientifically, and may be ripe for collaborative attention as to why California scores less favorably than the rest of the nation, or is aware of need for improvement for population health. Like the "100,000 Lives" national campaign for reducing medical errors, this project will catalyze the work of experts to facilitate improved outcomes through the application of evidence based medicine in the coordinated, managed care model, thus improving the lives of tens of thousands of California enrollees. Diabetes, hospital acquired infections and reduction of medical errors were specifically named as priorities in Governor Schwarzenegger's 2007 reform proposal, providing initial inspiration for this CQI project.

Initial Implementation Action & Specific Goals:

To that end, DMHC held the first annual clinical quality improvement (CQI) Leadership Summit March 14, 2008, on the UCLA Campus, sponsored by the Deans of UCLA and UC Berkeley schools of Public Health. The Summit was geared to obtain the participation from the state's leading health plans and medical group medical directors, as well as thought leaders in evidence-based medicine. Through periodic meetings, research, collaborative action and published data, our goal is to reach the 90th percentile in heart and diabetes HEDIS measures, and to cut the rates of death from hospital acquired infections within 3 years.

Research Questions: Through a focused re-engineering effort to refine the implementation of evidence-based medicine for improved health outcomes, how many lives and health care resources can be saved and how much disability can be prevented in 3 to 5 years? What barriers are preventing improvement, and what are the best strategies for overcoming them? What strategies are needed to improve clinical outcomes in light of health disparities in California's diverse population?